SSI Milwaukee County Scope of Services and Network Adequacy Workgroup September 8, 2004 Meeting Summary Co-Chairs: Sean Gartley & Mary Laughlin

Organizations Represented: Representatives: Consumer Catherine Kunze iCare Pat Jerominski iCare Michael Sebastian iCare Colleen Dimas Independence First Denise Johnson Evercare, United Health Group Jan Wuorenma Froedtert Hospital Maureen McNally Managed Health Services Jennifer Winter Managed Health Services Heidi Evans Milwaukee County Mike Kreuser Milwaukee County Behavioral Health Division Paul Radomski Milwaukee County Behavioral Health John Pretsby Milwaukee County Department on Aging Chester Kuzminski Milwaukee Mental Health Association Julie Rothwell NAMI Dee Sitzberger Wisconsin Community Mental Health David Dropkin

- 1. Mary Laughlin, Co-Chair of the Workgroup, called the meeting to order at 10:15 a.m.
- 2. Sean Gartley, Co-Chair of the Workgroup, outlined the purpose and scope of the Workgroup, expected recommendations, and upcoming meeting dates.
- 3. Mr. Gartley outlined the issue to be considered: options for inclusion of county Medicaid reimbursable health services into SSI Managed Care in Milwaukee County. The Workgroup received an issue paper providing background and policy options.
- 4. Mary Laughlin detailed the policy options outlined in the issue paper and led a discussion of the issue. Policy options included:
 - Option 1: Allow persons receiving Targeted Case Management (TCM) or Crisis Intervention Services (CIS) to enroll in MCOs. Persons receiving these county matched mental health services would be enrolled in an MCO and would receive TCM and CIS on a fee-for-service basis. Persons receiving Community Support Program (CSP) services would not be eligible to enroll.
 - Option 2: Allow persons receiving TCM or CIS to enroll in a MCO and require that MCOs contract with counties for TCM and CIS services. Persons receiving CSP services would not be eligible to enroll.

The federal share of Medicaid for these services would be included in the MCO capitation rate. The MCO would be required to obtain county approval for contracted

providers for these services and would reimburse counties at least the federal portion of the reimbursement rate. Counties would continue to provide the matching funds.

• Option 3: Allow persons receiving CSP to enroll in an MCO.

The federal share of Medicaid for these services would be included in the MCO capitation rate. The MCO would be required to obtain county approval for contracted providers of these services and would reimburse counties at least the federal portion of the reimbursement rate. Counties would continue to provide the matching funds.

For TCM and CIS, either Option 1 (fee-for-service) or Option 2 (mandated MCO/county contracts) could be implemented.

- Option 4 (added by the Workgroup): Persons receiving TCM, CIS or CSP would be eligible to enroll in an MCO. All TCM, CIS or CSP services would be billed to Medicaid fee-for-service.
- 5. The Workgroup discussed each possible policy option, focusing primarily on funding and coordination of service concerns.
- 6. The Workgroup recommended Option 1 with some caveats. The Workgroup recommendation is attached to this document.
- 7. The Workgroup adjourned and joined the Advisory Committee at 12:10 p.m.

Respectfully submitted,

Sean Gartley Co-Chair